REGIONAL TRANSIT CONNECTION DISCOUNT ID CARD PROGRAM

LOST CARD APPLICATION INSTRUCTIONS

This application should be used when applying for a replacement card (lost or stolen). This application is only for those individuals who have a **current** RTC Discount ID Card expiring at least two months after today's date. If your card will expire within 60 days, it is an option that you simply renew your card and go through the renewal process.

When completing the form, PLEASE PRINT LEGIBLY. Use black or blue ink, do not use pencil. If your address is illegible, the card will be mailed to your local transit agency for you to pick up.

If you do not know your current card number, please make sure you provide us with your complete name, address, phone number and especially birth date. We will try to locate you in our database using that information.

You may wish to contact your transit agency to verify that you have a current card that is eligible for replacement.

You may take this form to your transit agency or you may mail this application to:

RTC Discount Card
PO Box 70040
Oakland, CA 94612-0040

Your application must also include a check or money order in the amount of $3 payable to RTC Discount Card. Do not mail cash. Applications that contain cash will be returned to you.

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LOST CARD APPLICATION

To be used to replace a lost or stolen card

Please print legibly. Use black or blue ink, do not use pencil.

Illegible addresses are the primary reason for delayed cards.

Note: If there is any difficulty in reading the address, the card will be sent to your transit agency for pickup.

NAME _____

MAILING ADDRESS _____

APARTMENT NUMBER

_____

CITY **STATE** **ZIP CODE**

_____

DAYTIME PHONE **DATE OF BIRTH MM/DD/YYYY (REQUIRED)**

SIGNATURE _____

TODAY'S DATE: _____

TO BE FILLED OUT BY TRANSIT AGENCY PERSONNEL (Please verify that the client has a current RTC card)

TRANSIT OPERATOR _____

RTC (CLIENT) ID NUMBER _____

CARD EXPIRATION DATE _____

☐ LOST ☐ STOLEN ☐ DAMAGED ☐ CHANGE ☐ OTHER_____

COMPLETED BY: _____ DATE: _____